

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street)

9900 Bren Road East

☐Check if different
than previously
reported. (ACC)

Minnetonka

MN

55343

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00274431

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Susan Sherwood

Signature of Treasurer

Electronically Filed by Susan Sherwood

Date

1 2

0 6

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 94

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	177649.83
(b) Cash on Hand at Beginning of Reporting Period	82428.49	
(c) Total Receipts (from Line 19)	16418.82	383532.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	98847.31	561182.31
7. Total Disbursements (from Line 31)	20200.00	482535.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	78647.31	78647.31
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	14664.82	312222.99
(ii) Unitemized	1754.00	51709.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16418.82	363932.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16418.82	363932.48
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4600.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	15000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16418.82	383532.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16418.82	383532.48

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	349200.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	7200.00	133335.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20200.00	482535.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20200.00	482535.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16418.82	363932.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16418.82	363932.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ANTHONY J KAZLAUSKAS

Mailing Address 11 CARNIVAL TERRACE

City

WEST WARWICK

State

RI

Zip Code

02893

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159794625091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CARLA M MUGGIO

Mailing Address 3533 FAIR OAKS LANE

City

LONGBOAT KEY

State

FL

Zip Code

34228

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Network Contract Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159798225091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

BRIAN R BELLOWS

Mailing Address 10 SHADOWOOD LANE

City

TRUMBULL

State

CT

Zip Code

06611

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159803825091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

54.23

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KEITH W NOBLITT

Mailing Address 122 SOUTH OAK POINTE DR

City

SENECA

State

SC

Zip Code

29672

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Strategic Client Exec-Uniprise

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR1159805525091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JAMES S WATSON III

Mailing Address 6520 SHENANDOAH DR

City

LINCOLN

State

NE

Zip Code

68510

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Govt Rel Assoc Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR1159806025091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

NANCY C ABELMANN

Mailing Address 3120 CHELSEA COURT

City

BURNSVILLE

State

MN

Zip Code

55337

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR1159809125091

Amount of Each Receipt this Period

13.46

P/R Deduction (\$13.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

58.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

WILLIAM P WHITELY

Mailing Address 2657 WOODBRIDGE RD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159812625091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthGroup

Occupation

President Insurance Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159812825091

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

EVP & Pres UHG Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159814725091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

444.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

PATRICK J ERLANDSON

Mailing Address 2407 LAKE PLACE

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Business Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159815925091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

PATRICIA R SAURO

Mailing Address 8943 HIDDEN MEADOW R

City

WOODBURY

State

MN

Zip Code

55125

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthGroup, Inc.

Occupation

Business Segment CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159816425091

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159816625091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

352.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JOHN S PENSHORN

Mailing Address 120 BLACK OAKS LANE

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3292.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159816925091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

PAUL D KALLMEYER

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Group

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159817425091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation

Business Segment Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159817925091

Amount of Each Receipt this Period

19.00

P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

261.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

THOMAS J QUIRK

Mailing Address 4307 BEECHWOOD LANE

City

DALLAS

State

TX

Zip Code

75220

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1507.68

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159819125091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

REED V TUCKSON, M.D.

Mailing Address 3501 ZENITH AVE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation

EVP Consumr Health & Med Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159819825091

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID J FALK

Mailing Address 323 LAWRENCE AVE

City

HIGHLAND PARK

State

NJ

Zip Code

08904

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159820225091

Amount of Each Receipt this Period

12.50

P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

227.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

WILLIAM C TRACY

Mailing Address 13016 CANTERBURY

City

LEAWOOD

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159821525091

Amount of Each Receipt this Period

57.70

P/R Deduction (\$57.70 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHAEL M HAWKINS

Mailing Address 11137 AMESITE TRAIL

City

AUSTIN

State

TX

Zip Code

78726

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Sr Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159822025091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

CAROL M SCHNEEWEIS

Mailing Address 16907 49TH PLACE N

City

PLYMOUTH

State

MN

Zip Code

55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159823525091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

94.24

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

RICHARD J MIGLIORI

Mailing Address PO BOX 72

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Bus Initiatives & Clin Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR1159827425091

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

BARBARA C BUENEMANN

Mailing Address 128 ROSEBROOK DR

City

FLORISSANT

State

MO

Zip Code

63031

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR1159828725091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JEANNINE M RIVET

Mailing Address 4305 TRILLIUM WAY

City

MINNETRISTA

State

MN

Zip Code

55364

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR1159830025091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

280.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JACK E SHUFF

Mailing Address 6385 SPINNAKER LANE

City

ALPHARETTA

State

GA

Zip Code

30005

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
SB RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159830525091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JILL WINTERS

Mailing Address 16 SPOEDE LN

City

SAINT LOUIS

State

MO

Zip Code

63141

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
VP General Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1159840425091

Amount of Each Receipt this Period

54.00

P/R Deduction (\$54.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
EVP UnitedHealth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1332013225091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

265.53

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

MICHAEL J BRESOLIN

Mailing Address 121 W VIEW STREET

City

LOMBARD

State

IL

Zip Code

60148

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Care Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551005725091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

TIMOTHY J HEADY

Mailing Address 19019 VOGEL FARM TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Pharmacy Benefit Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551122525091

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER R HOCK

Mailing Address 215 WINDMILL HILL

City

WETHERSFIELD

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551128925091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

106.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

LISA G G HOLUBEC

Mailing Address 1303 SALADO DRIVE

City

ALLEN

State

TX

Zip Code

75013

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir Med & Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551129225091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JEFFREY W KAGAN

Mailing Address 52 CRESTWOOD LANE

City

FARMINGVILLE

State

NY

Zip Code

11738

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551132325091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

GERALD JOHN KNUTSON

Mailing Address 520 KIMBERLY LN N

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551132525091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

MICHAEL C MATTEO

Mailing Address 25 JEREMIAHS WAY

City

SOUTH GLASTONBURY

State

CT

Zip Code

06073

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

CEO National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551133425091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

DAWN M OWENS

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City

MINNEAPOLIS

State

MN

Zip Code

55405

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551160325091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

THOMAS J VALERIUS

Mailing Address 2820 DEER RUN TRAIL

City

LONG LAKE

State

MN

Zip Code

55356

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Recruitment Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551161325091

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

196.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

LOIS T WEIHRAUCH

Mailing Address 10392 SHERMAN DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1551161425091

Amount of Each Receipt this Period

54.00

P/R Deduction (\$54.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN O ENDERLE

Mailing Address 31 ANDREIS TRAIL

City

SOUTH WINDSOR

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1554323525091

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

RICK M JELINEK

Mailing Address 5570 WOODSIDE LANE

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1554323925091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

301.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

MICHAEL RADU

Mailing Address 42820 VIOLA CT

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1554324525091

Amount of Each Receipt this Period

54.00

P/R Deduction (\$54.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

CATHERINE E SPILLANE

Mailing Address 3807 PLEASANT VALLEY DRIVE

City

MISSOURI CITY

State

TX

Zip Code

77459

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Business Process

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1554324625091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

KIRK E STAPLETON

Mailing Address 3840 INGLEWOOD AVE S

City

SAINT LOUIS PARK

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Network Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1554324725091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

123.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KAREN L ERICKSON

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Corporate Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1575957625091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City

NEW HOPE

State

PA

Zip Code

18938

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1575958125091

Amount of Each Receipt this Period

76.92

P/R Deduction (\$76.92 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Business Segment COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1575958525091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

461.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

THOMAS S PAUL

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55405

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
Business Segment COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1507.68

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1580864725091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ROBERT THOMAS WEBB

Mailing Address 4516 DREXEL AVENUE

City State Zip Code
 EDINA MN 55424

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
CEO Care Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1580865325091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

RICHARD J HUGHES

Mailing Address 735 SAINT MORITZ

City State Zip Code
 VICTORIA MN 55386

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
VP Human Capital Dvlpmnt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596304125091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

392.30

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

GAYE ADAMS MASSEY

Mailing Address 11641 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Sr Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596304525091

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JAY S MATUSHAK

Mailing Address 9346 SHETLAND ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Healthcare Econ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596304625091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

GEORGE L MIKAN III

Mailing Address 4901 ROLLING GREEN PARKWAY

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

EVP CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596304825091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

319.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

CAROL B MORNESS

Mailing Address 401 N 2ND ST UNIT 512

City

MINNEAPOLIS

State

MN

Zip Code

55401

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596304925091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

SCOTT E THEISEN

Mailing Address 1950 MEADOWWOODS TRAIL

City

LONG LAKE

State

MN

Zip Code

55356

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Product Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596305625091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

THOMAS D LEWIS

Mailing Address 306 CHIPPEWA AVENUE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596306925091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

96.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
ROBERT W OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
SVP Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596307025091

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DIANE BEDNAR FLYNN

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
TAMPA FL 33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596309725091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
RAMON E COTO

Mailing Address 14021 LEANING PINE DRIVE

City State Zip Code
MIAMI LAKES FL 33014

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
VP General Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596311525091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

154.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 94

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JEFFREY P DOOLEY

Mailing Address 306 W MEADOWS LANE

City

DANVILLE

State

CA

Zip Code

94506

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

KA VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596312125091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

STEVAN D GARCIA

Mailing Address 4675 DELAWARE DRIVE

City

LARKSPUR

State

CO

Zip Code

80118

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596312925091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KURT A HEUMANN

Mailing Address 9825 GERALD DR

City

SAINT LOUIS

State

MO

Zip Code

63128

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596313725091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

50.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JOHN H RENNICK JR

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City State Zip Code
 CHARLOTTE NC 28269

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596316825091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

STEPHAN S RODGERS

Mailing Address 3455 CONGRESS STREET

City State Zip Code
 FAIRFIELD CT 06824

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
SVP Healthcare Strategies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596317125091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DANIEL I ROSENTHAL

Mailing Address 109 SLEEPY HOLLOW LANE

City State Zip Code
 ORINDA CA 94563

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
Health Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596317325091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

230.76

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KEVIN J RUTH

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code
 SILVER SPRING MD 20905

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
SVP Enterprise Clinical Alignm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596317425091

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MANUEL A SELVA

Mailing Address 7602 NW 127TH MANOR

City State Zip Code
 PARKLAND FL 33076

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596317725091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

ROXANNE THOMAS

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code
 CIRCLE PINES MN 55014

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Product Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596318925091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

M LAURIE WASSERSTEIN

Mailing Address 92 GOODWIN CIRCLE

City

HARTFORD

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

PS National VP Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596319525091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MYRON R WERLEY

Mailing Address 4260 FOXBERRY COURT

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1596319625091

Amount of Each Receipt this Period

12.50

P/R Deduction (\$12.50 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JOHN P DODDY

Mailing Address 1 ROXITICUS VIEW

City

CHESTER

State

NJ

Zip Code

07930

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1600597325091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

51.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

MICHAEL D MICHAUX

Mailing Address 742 GOODRICH AVE

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Acquisitions & Integrations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1292.32

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1600598525091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

LEWIS G SANDY

Mailing Address 4800 SUNNYSLOPE ROAD E

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Clinical Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1825.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1600598725091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MATTHEW W PETERSON

Mailing Address 20595 SPENCER LANE

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Market Group CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1602669925091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JEFFREY W MALONEY

Mailing Address 18076 CLEAR SPRING LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Operations - Evercare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1613243525091

Amount of Each Receipt this Period

96.15

P/R Deduction (\$96.15 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

WILLIAM F KENNEDY

Mailing Address 14 MYRA LN

City

BURLINGTON

State

CT

Zip Code

06013

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1653443125091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

STEVE R KOOREN

Mailing Address 4444 ELLSWORTH DRIVE

City

EDINA

State

MN

Zip Code

55435

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3038.34

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1653443225091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

308.45

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SB VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR1653444325091

Amount of Each Receipt this Period

57.70

P/R Deduction (\$57.70 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ALISTAIR D JACQUES

Mailing Address 645 OLD LONG LAKE ROAD

City

ORONO

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation

UHG IT CIO Org Sr Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR1653445225091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DANIEL T SULLIVAN

Mailing Address 57 QUORN HUNT ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR1653445825091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

261.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Mr. MILES S SNOWDEN

Mailing Address 3568 REMBRANDT ROAD

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Health Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1746717825091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ANN DESTWOLINSKI

Mailing Address 19117 ARTESIAN COURT

City

DERWOOD

State

MD

Zip Code

20855

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir Utilization Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1806441625091

Amount of Each Receipt this Period

11.00

P/R Deduction (\$11.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JEFF L LEVINE

Mailing Address 619 BOND AVE

City

REISTERSTOWN

State

MD

Zip Code

21136

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

PS Mgr Acct Mgmt (FEHBP)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1806443225091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

223.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

WILLIAM TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Six Sigma Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1806444725091

Amount of Each Receipt this Period

17.60

P/R Deduction (\$17.60 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

LORI A ARCHER

Mailing Address 2781 SADDLE CLUB ROAD

City

GREENWOOD

State

IN

Zip Code

46143

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Provider Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1806750125091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

GREGORY A BAYER

Mailing Address 3369 STAGE COACH DR

City

LAFAYETTE

State

CA

Zip Code

94549

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

CEO Behavioral Solutions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1806750225091

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

64.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

PAUL M EMERSON

Mailing Address 13904 NEVADA AVE S

City State Zip Code
 SAVAGE MN 55378

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
Business Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1806750325091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MICHELLE D LEDELL

Mailing Address 5115 SARATOGA LANE

City State Zip Code
 PLYMOUTH MN 55442

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
Human Capital Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1882850625091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

CATHERINE K ANDERSON

Mailing Address 37 W 2000 S

City State Zip Code
 DRIGGS ID 83422

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1903550725091

Amount of Each Receipt this Period

57.70

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

136.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KATHLEEN L BISHOP

Mailing Address 145 COTTAGE RD

City

ENFIELD

State

CT

Zip Code

06082

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
Dir Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1903560825091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ROBERT J DUFEK

Mailing Address 816 PROMONTORY PLACE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1903577125091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SUSAN B EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City

WOODBURY

State

MN

Zip Code

55125

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
VP Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1903578125091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JOHN C SANTELLI

Mailing Address 17498 GEORGE MORAN DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
SVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1903622025091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

PAUL D WEYMOUTH

Mailing Address 128 WOODLAND RD

City

COVENTRY

State

CT

Zip Code

06238

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Dir Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1903636925091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

PAMELA JAMIAN

Mailing Address 15316 COUTOLENC RD

City

MAGALIA

State

CA

Zip Code

95954

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Dir Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1910417425091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

130.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Sr Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119466825091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

RUSSELL A BENNETT

Mailing Address 4 HALSEY AVE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119468025091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SUSAN LYNN BERKEL

Mailing Address 10 SHADOW GLEN

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119468125091

Amount of Each Receipt this Period

192.00

P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City

SAN DIEGO

State

CA

Zip Code

92154

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir Mrktng Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119469425091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

COLLEEN CAMPBELL

Mailing Address 5753 E SANTA ANA CYN RD # G502

City

ANAHEIM

State

CA

Zip Code

92807

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir Clinical Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119469925091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID S CARLSON

Mailing Address 13130 WESTPORT ST

City

MOORPARK

State

CA

Zip Code

93021

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Marketing Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119470225091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

LESLIE J CARTER

Mailing Address 19021 POPPY HILL CIRCLE

City State Zip Code
 HUNTINGTON BEACH CA 92648

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
Dir Network Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119470325091

Amount of Each Receipt this Period

96.00

P/R Deduction (\$96.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

RANDELL J CORREIA

Mailing Address PO BOX 1025

City State Zip Code
 RANCHO SANTA FE CA 92067

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
VP Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119471325091

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

RICHARD A CROSS

Mailing Address 11361 DONOVAN ROAD

City State Zip Code
 ROSSMOOR CA 90720

FEC ID number of contributing federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.Occupation
Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119471825091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

151.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KENNETH R DAVIS

Mailing Address 7640 N 10TH AVE

City

PHOENIX

State

AZ

Zip Code

85021

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119472525091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

LINDA M DAYAN

Mailing Address 5364 E ABBEYFIELD ST

City

LONG BEACH

State

CA

Zip Code

90815

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119472625091

Amount of Each Receipt this Period

19.00

P/R Deduction (\$19.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

TODD J DEMBROSKI

Mailing Address 1390 FINCH LN

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119472825091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ANDREA E DILWEG

Mailing Address 2321 CARROLL PK SOUTH

City

LONG BEACH

State

CA

Zip Code

90814

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119472925091

Amount of Each Receipt this Period

37.00

P/R Deduction (\$37.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ANGELO GIAMBRONE

Mailing Address 1821 PARK STREET

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
VP Network Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119475125091

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

AMY J GILDERNICK

Mailing Address 2709 WILLIAMS GRANT

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Assoc Dir Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119475225091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

DAVID M HANSEN

Mailing Address 33 VIA CONOCIDO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119476725091

Amount of Each Receipt this Period

135.00

P/R Deduction (\$135.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

SAMUEL W HO

Mailing Address 4220 OCEAN DR

City

MANHATTAN BEACH

State

CA

Zip Code

90266

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Market Grp Chief Clinical Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119477925091

Amount of Each Receipt this Period

153.80

P/R Deduction (\$153.80 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KEVIN D HOST

Mailing Address 6119 W 120TH ST #14-144

City

OVERLAND PARK

State

KS

Zip Code

66209

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Pharmacy Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119478225091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

308.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

BRIAN JEFFREY

Mailing Address 9 RIMROCK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Network Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119479125091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN D JONES

Mailing Address 3562 REDWOOD

City

IRVINE

State

CA

Zip Code

92606

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119479225091

Amount of Each Receipt this Period

96.00

P/R Deduction (\$96.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MARK C KNUTSON

Mailing Address 13102 PALOMAR WAY

City

NORTH TUSTIN

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119480225091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

136.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

SANDY M LUEDKE

Mailing Address 1208 COPRINUS DR

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

IT Database Cnsltnt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119482225091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

HEATHER M MACE-MEADOR

Mailing Address 13531 CARLTON OAKS

City

SAN ANTONIO

State

TX

Zip Code

78232

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Healthcare Econ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119482525091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JEFFREY S MASON

Mailing Address 5670 SHEMIRAN ST

City

LA VERNE

State

CA

Zip Code

91750

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119483025091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

CHARLEEN M MILBURN

Mailing Address 3041 SAN LORENZO WAY

City

CARMICHAEL

State

CA

Zip Code

95608

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119483925091

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

BENITO M MIRANDA

Mailing Address PO BOX 1522

City

LOMITA

State

CA

Zip Code

90717

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Community Developer - Sec Hor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119484225091

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

NANCY J MONK

Mailing Address 12271 CHIANTI DRIVE

City

LOS ALAMITOS

State

CA

Zip Code

90720

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
VP Govt Affairs & Compl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119484325091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

127.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KEITH E NYGARD

Mailing Address 1139 E OCEAN BOULEVARD
#106

City State Zip Code
LONG BEACH CA 90802

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Assoc Dir Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119485025091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

TRACY L OLLMANN-WAGNER

Mailing Address 2839 TIMBER LANE

City State Zip Code
GREEN BAY WI 54313

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Mgr Traffic/Workforce

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119485225091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

CYNTHIA ANN OTTO

Mailing Address 1855 O LEARY ROAD

City State Zip Code
NEENAH WI 54956

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Assoc Dir Case Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119485425091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

LYNDA A PAXSON

Mailing Address 3924 E GARNET PL

City

HIGHLANDS RANCH

State

CO

Zip Code

80126

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Service Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119485825091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

DIANA S PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City

SUGAR LAND

State

TX

Zip Code

77479

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir Utilization Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119486325091

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHELLE LYNN PETERS

Mailing Address 1128 COUNTRYSIDE DR

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119486425091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

52.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City

GREENSBORO

State

NC

Zip Code

27408

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Chief Growth Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119486725091

Amount of Each Receipt this Period

135.00

P/R Deduction (\$135.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CYNTHIA L POLICH

Mailing Address 3401 E VIA PALOMITA

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Chief Strategy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119486825091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SHARON A RICCIUTI

Mailing Address 55 PERENNIAL

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Clinical Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119487925091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City

CARLSBAD

State

CA

Zip Code

92009

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119490725091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CHERYL TANIGAWA, MD

Mailing Address 5598 NAPLES CANAL

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Natl Medical Director/CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119491125091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

CHERYL A THOMSON

Mailing Address 222 FOREST DR

City

SOBIESKI

State

WI

Zip Code

54171

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Assoc Dir Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119491625091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

85.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

STEVEN M TUCKER

Mailing Address 211 LOCKFORD

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119492025091

Amount of Each Receipt this Period

96.00

P/R Deduction (\$96.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

SUSAN VANASTEN

Mailing Address W313 GOLDEN GLOW RD

City

KAUKAUNA

State

WI

Zip Code

54130

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Site Dir Medicare Inside Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119492625091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SCOTT B WESTPHAL

Mailing Address 4536 ROCKY RUN LN

City

OCOONTO

State

WI

Zip Code

54153

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2119493225091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

147.54

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

LINDA D DAUGHERTY

Mailing Address 15442 NORTH 19TH WAY

City

PHOENIX

State

AZ

Zip Code

85022

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR2119493525091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR2119494125091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

GEORGE M YOUNG

Mailing Address 8131 S COOLIDGE WAY

City

AURORA

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR2119494425091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

FORREST G BURKE

Mailing Address 380 LEAF STREET

City

ORONO

State

MN

Zip Code

55356

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

President PS Labor & Trust

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133132425091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

WILLIAM R COLEMAN

Mailing Address 831 RATLEY ROAD

City

WEST SUFFIELD

State

CT

Zip Code

6093

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir Network A&R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133132525091

Amount of Each Receipt this Period

12.00

P/R Deduction (\$12.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

DANIEL M CUMMINGS

Mailing Address 1929 FAIRMOUNT AVE

City

SAINT PAUL

State

MN

Zip Code

55105

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133132625091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

127.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

CHARLES W HANSON

Mailing Address 4133 WHITE OAK LN

City

EXCELSIOR

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.92

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133133125091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

BROR O HULTGREN

Mailing Address 408 22ND ST

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133133225091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

CAROLYN MAGILL HANSON

Mailing Address 100 CHRISTOPHER COLUMBUS DRIVE
#304

City

NEW JERSEY

State

NJ

Zip Code

07302

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133133525091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

82.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ALLEN D MILLER

Mailing Address 6209 CRESCENT DRIVE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133133625091

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City

DES PLAINES

State

IL

Zip Code

60016

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Federal Prog-UHG Alliances

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133133825091

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KIMBERLY ALLENE NETTLETON

Mailing Address 5003 DARNELL

City

HOUSTON

State

TX

Zip Code

77096

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir General Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133133925091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

T JEFFREY PUTNAM

Mailing Address 303 ELMWOOD PLACE WEST

City

MINNEAPOLIS

State

MN

Zip Code

55419

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Financial Plng & Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133134225091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

DIANE M SCHIMMELBUSCH

Mailing Address 2203 RIVER FALLS DRIVE

City

KINGWOOD

State

TX

Zip Code

77339

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Medical & Clinical Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2133134625091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

ROBERT C FALKENBERG

Mailing Address 6069 WEATHERED OAK CT

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145728425091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

255.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ROB FARAHANI

Mailing Address PO BOX 704

City

HUNTINGTON

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Dir IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145728525091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CARL T KIDD

Mailing Address 12210 OYSTER COVE COURT

City

STAFFORD

State

TX

Zip Code

77477

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Dir Client Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145728825091

Amount of Each Receipt this Period

28.85

P/R Deduction (\$28.85 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

NANCY E LINDIMORE

Mailing Address 8256 SNEAD WAY

City

WESTERVILLE

State

OH

Zip Code

43082

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145728925091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

87.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

WAYNE MILLER

Mailing Address 19521 SIERRA SOTO RD

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Client Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145729225091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City

AUSTIN

State

TX

Zip Code

78737

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145729525091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHAEL P SCHWARZ

Mailing Address 13935 WOODRIDGE PATH

City

SAVAGE

State

MN

Zip Code

55378

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145729725091

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City

MINNETONKA

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Sr Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145729925091

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

RANDALL SMITH

Mailing Address 20607 BROADWATER DRIVE

City

LAND O LAKES

State

FL

Zip Code

34638

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145730025091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MARGARET W WEAR

Mailing Address 44 TOPANGA

City

IRVINE

State

CA

Zip Code

92602

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2145730225091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

176.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ARLENE DAVIDSON

Mailing Address 7528 NORTH 6TH PLACE

City

PHOENIX

State

AZ

Zip Code

85020

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Marketing Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2162867025091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2162867625091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KURT C LEWIS

Mailing Address 961 RIVER FOREST DRIVE

City

MAINEVILLE

State

OH

Zip Code

45039

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

KA VP Sales and Account Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2203967525091

Amount of Each Receipt this Period

11.54

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

223.07

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City

NEW HOPE

State

MN

Zip Code

55427

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Market Grp Chief Mktg Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2225166725091

Amount of Each Receipt this Period

115.38

P/R Deduction (\$115.38 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ANDREW M SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Business Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2225167425091

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City

FARMINGTON

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2225813625091

Amount of Each Receipt this Period

57.70

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

423.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

DANIEL M HARRIS

Mailing Address 51 REALITY ROAD

City

OXFORD

State

CT

Zip Code

06478

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2225817525091

Amount of Each Receipt this Period

19.23

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

NANCY S MACK

Mailing Address 10140 26TH AVENUE NORTH

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2225818425091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHAEL MCGUIRE

Mailing Address 437 DRURY LANE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Health Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2225818825091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

54.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City State Zip Code
 PRIOR LAKE MN 55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
SVP Chief Accounting Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2225819325091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City State Zip Code
 NAPERVILLE IL 60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
RVP Client Mgmt & Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2225819625091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code
 INDIANAPOLIS IN 46256

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Dir Network Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2231347225091

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

260.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JEFFERY A DROZDA

Mailing Address 321 HERITAGE POINT DRIVE

City

SIMPSONVILLE

State

SC

Zip Code

29681

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Govt Rel Assoc Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2231347425091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

SUSAN A FOWLER

Mailing Address 4396 CREEKSIDE PASS

City

ZIONSVILLE

State

IN

Zip Code

46077

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP UHO Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2231349725091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DONALD M MUDGETT

Mailing Address 8131 LAKE POINT WAY

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir General Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2231351925091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

DARRELL S RICHEY

Mailing Address 7244 TULIPTREE TRAIL

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Deputy General Counsel (Mgr)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2231352325091

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JANET SUE SELF

Mailing Address 3202 BABSON CT

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2231352425091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City

SAINT PAUL

State

MN

Zip Code

55116

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Chief Technology Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247625825091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

CAROLYN B KERR

Mailing Address 3456 ROSENDALE ROAD

City

NISKAYUNA

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247626225091

Amount of Each Receipt this Period

23.00

P/R Deduction (\$23.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City

WHITE PLAINS

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247626825091

Amount of Each Receipt this Period

57.70

P/R Deduction (\$57.70 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City

MINNETRISTA

State

MN

Zip Code

55364

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Dir IT Project Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247627025091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

105.70

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City

COS COB

State

CT

Zip Code

06807

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

RVP Network Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247627325091

Amount of Each Receipt this Period

57.70

P/R Deduction (\$57.70 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP General Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247627425091

Amount of Each Receipt this Period

57.70

P/R Deduction (\$57.70 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City

PLYMOUTH

State

MN

Zip Code

55447

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1154.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247627625091

Amount of Each Receipt this Period

57.70

P/R Deduction (\$57.70 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

173.10

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 67 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

SANJAY GARODIA

Mailing Address 282 MIDDAUGH

City

CLARENDON HILLS

State

IL

Zip Code

60514

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247627825091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City

PACIFIC PALISADES

State

CA

Zip Code

90272

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Business Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247627925091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Region CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2247628025091

Amount of Each Receipt this Period

26.92

P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

257.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JOHN M PRINCE

Mailing Address 546 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Business Segment COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1484.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2259738425091

Amount of Each Receipt this Period

97.00

P/R Deduction (\$97.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CHRIS CRONN

Mailing Address 1611 W 5TH ST APT 232

City

AUSTIN

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2270522925091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JEFFREY D ALTER

Mailing Address 3 WOODLAND ROAD

City

BELLE TERRE

State

NY

Zip Code

11777

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Region CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402315225091

Amount of Each Receipt this Period

14.79

P/R Deduction (\$14.79 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

150.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JEANNE M DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City

WASHINGTON

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402315925091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

LISA M HARRELL

Mailing Address 1741 CAMBRIDGE AVENUE

City

FLOSSMOOR

State

IL

Zip Code

60422

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402316925091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SCOTT E HENDERSON

Mailing Address 749 PEARSON POINT PLACE

City

ANNAPOLIS

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402317025091

Amount of Each Receipt this Period

35.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ANGELA DAWN KEPLEY CARRIER

Mailing Address 3219 PENINSULA DRIVE

City

JAMESTOWN

State

NC

Zip Code

27282

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Assoc Dir Case Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402317725091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MARILYN LEVI-BAUMGARTEN

Mailing Address 4800 W 27TH ST

City

SAINT LOUIS PARK

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Dir Network Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402317925091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JAKE LOGAN

Mailing Address 5520 CHEERY LYNN ROAD

City

PHOENIX

State

AZ

Zip Code

85018

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402318225091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

MARIA MCCAULEY

Mailing Address 15916 MARSHFIELD DRIVE

City

TAMPA

State

FL

Zip Code

33624

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Sr Project Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402318425091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

STACY S MCGRATH

Mailing Address 5625 CHOWEN AVE S

City

EDINA

State

MN

Zip Code

55410

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Sr Project Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402318525091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JILL RIVERS

Mailing Address 6648 DASHER COURT

City

COLUMBIA

State

MD

Zip Code

21045

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Managing Dir HHS Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402319525091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

LORI K SWEERE

Mailing Address 11826 GERMAINE TERRACE

City	State	Zip Code
EDEN PRAIRIE	MN	55347

FEC ID number of contributing
federal political committee.**C**Name of Employer
UnitedHealth Group, Inc.Occupation
EVP Human Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1610.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	1	0

Transaction ID: PR2402320225091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

KELLY WARREN

Mailing Address 1312 BOB HARRISON DR

City	State	Zip Code
AUSTIN	TX	78702

FEC ID number of contributing
federal political committee.**C**Name of Employer
UnitedHealth Group, Inc.Occupation
Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	1	0

Transaction ID: PR2402320525091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

JAY M ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City	State	Zip Code
WAUSAU	WI	54401

FEC ID number of contributing
federal political committee.**C**Name of Employer
UnitedHealth Group, Inc.Occupation
CEO TPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	1	0

Transaction ID: PR2402445025091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 94

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JAMES C COLEMAN

Mailing Address 4135 ETHAN DRIVE

City

EAGAN

State

MN

Zip Code

55123

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation

VP Employee Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402445225091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

JAMES D DONOVAN

Mailing Address 2816 MONTREAU DRIVE

City

FRISCO

State

TX

Zip Code

75034

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

SVP Bus Dev and Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402445325091

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

JOHN L LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriChoice

Occupation

President Evercare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402445625091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KARA J RIOS

Mailing Address 5116 DUGGAN PLAZA

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Business Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402445725091

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

JOY O HIGA

Mailing Address 2208 ELM AVENUE

City

MANHATTAN BEACH

State

CA

Zip Code

90266

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402446225091

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SOHINI G JINDAL

Mailing Address 19513 MILL DAM PLACE

City

LANSDOWNE

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1520.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402446325091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

RUSSELL C PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City

EDINA

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

President Americhoice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1910.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402446425091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

JOELLE OISHI THORNHILL

Mailing Address 801 E TIMBER BRANCH PKWY

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2402446525091

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation

VP Gov't Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2405428825091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

352.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JOSEPH R STEVENS

Mailing Address 1621 BERKSHIRE RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2405429125091

Amount of Each Receipt this Period

47.60

P/R Deduction (\$47.60 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

RODNEY CHARLES ARMSTEAD

Mailing Address ONE HARBORSIDE PLACE
UNIT 701

City

JERSEY CITY

State

NJ

Zip Code

07311

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmeriChoice

Occupation
VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2405430225091

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

KAREN ANN SAELENS

Mailing Address 105 N FLORENCE AVE

City

LITCHFIELD PARK

State

AZ

Zip Code

85340

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2408544825091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

107.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KATHLYN G WEE

Mailing Address 4118 38TH ST NW

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2408545025091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

GAIL KOZIARA BOUDREAUX

Mailing Address 841 HOLDEN COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2437119525091

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Bi-W-weekly)

C.

Full Name (Last, First, Middle Initial)

JEFFREY SEAN CORZINE

Mailing Address 7649 EARLINGTON PARKWAY

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2437119725091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

RITA FAYE JOHNSON-MILLS

Mailing Address 9727 SKY LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2437120125091

Amount of Each Receipt this Period

15.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

DAVID K LIVINGSTON

Mailing Address 24570 RIDGE POLE COURT

City

SOUTH LYON

State

MI

Zip Code

48178

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2437120225091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JACK S WEISS

Mailing Address 6245 NORTH 75 STREET

City

SCOTTSDALE

State

AZ

Zip Code

85250

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2437120525091

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

PAUL JOSEPH BALTHAZOR

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code
 BROOKLYN PARK MN 55443

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2437120725091

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

KELLY L CLARK

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code
 ROSEMOUNT MN 55068

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2437121325091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

LAURA L NESS

Mailing Address 10550 PINNACLE WAY

City State Zip Code
 WOODBURY MN 55129

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2437121525091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

118.46

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ROBIN E LIPPERT

Mailing Address 522 4 STREET SOUTH EAST

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation

Government Affairs Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR2439928025091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

STEPHEN M HEYMAN

Mailing Address 5300 SHERRILL AVENUE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation

Government Affairs Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR2444265725091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

LORI C MCDUGAL

Mailing Address 19705 LAKEVIEW AVENUE

City

DEEPAVEN

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation

UH Military and Veteran Services Execu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Transaction ID: PR2445015325091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

342.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

DONALD S LANGER

Mailing Address 177 SOUTHBOROUGH ROAD

City State Zip Code
 SOUTHTON CT 6489

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2445015425091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

CHARLES L WILKINS

Mailing Address 10827 MOUNT CURVE ROAD

City State Zip Code
 EDEN PRAIRIE MN 55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
OptumHealth

Occupation
Executive Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2445016625091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SABRINA FERGUSON

Mailing Address 204 CHESTNUT DRIVE

City State Zip Code
 BRANDON MS 39047

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2445017225091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

EILEEN J LIVERANI

Mailing Address 100 BOSTOCK ROAD

City

SHOKAN

State

NY

Zip Code

12481

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.40

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2460167225091

Amount of Each Receipt this Period

27.70

P/R Deduction (\$27.70 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

KARIN KEITEL

Mailing Address 3918 HAVEN ROAD

City

MINNETONKA

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ingenix

Occupation
Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2460167625091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SHELBY P SOLOMON

Mailing Address 5702 BLAKE ROAD

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ingenix

Occupation
Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1380.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2460167925091

Amount of Each Receipt this Period

115.00

P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

192.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JELKA S PETROVIC

Mailing Address 4454 PEPPER MILL LANE

City

ORION

State

MI

Zip Code

48359

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2460168025091

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

LARRY C RENFRO

Mailing Address 5 DOVE LANE

City

ANDOVER

State

MA

Zip Code

01810

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2460168125091

Amount of Each Receipt this Period

192.30

P/R Deduction (\$192.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

DAVID B ORBUCH

Mailing Address 3370 SYCAMORE LANE

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation
Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2460168225091

Amount of Each Receipt this Period

38.50

P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

250.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

ERIC J WEXLER

Mailing Address 7220 WILLOW OAK DR

City

WEST BLOOMFIELD

State

MI

Zip Code

48324

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2463723125091

Amount of Each Receipt this Period

32.00

P/R Deduction (\$32.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

ERIC A SCHUTT

Mailing Address 2675 TOWER ROAD

City

MCFARLAND

State

WI

Zip Code

53558

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation
Government Affairs Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2463724125091

Amount of Each Receipt this Period

62.50

P/R Deduction (\$62.50 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

SUE SCHICK

Mailing Address 100 EAST PENN SQUARE SUITE 410

City

PHILADELPHIA

State

PA

Zip Code

19107

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2480620525091

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

219.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

JO ANNE M ANDERSON

Mailing Address 6236 KNOLL DRIVE

City

EDINA

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ovations

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2484541625091

Amount of Each Receipt this Period

71.00

P/R Deduction (\$71.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

MATTHEW A BURNS

Mailing Address 250 6TH STREET EAST
APT 407

City

ST PAUL

State

MN

Zip Code

55101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ovations

Occupation
Communications Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2484541725091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JAMES F COPPENS

Mailing Address 5965 LAKE LINDEN COURT

City

SHOREWOOD

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation
Human Capital Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.20

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2484541925091

Amount of Each Receipt this Period

63.15

P/R Deduction (\$63.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

184.15

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

LILLIAN R HECKMAN

Mailing Address 552 DEER LAKE CIRCLE

City

BLUE BELL

State

PA

Zip Code

19422

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2484542125091

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

KEVIN KNARR

Mailing Address 3138 O STREET NW

City

WASHINGTON

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation
Enterprise Operations Senior Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2484542325091

Amount of Each Receipt this Period

38.46

P/R Deduction (\$38.46 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

JERI G KUBICKI

Mailing Address 619 GIST AVENUE

City

SILVER SPRING

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group, Inc.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2486697825091

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

118.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 94

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER J PAULISON

Mailing Address 4601 DREXEL AVE

City State Zip Code
EDINA MN 55424-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealth Group

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2486698025091

Amount of Each Receipt this Period

208.33

P/R Deduction (\$208.33 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DIRK C MCMAHON

Mailing Address 1608 SUMMIT OAKS CT

City State Zip Code
BURNSVILLE MN 55337

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcare

Occupation
Operations Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2491457025091

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
JOHN G NACKEL

Mailing Address 666 LINDA VISTA AVENUE

City State Zip Code
PASADENA CA 91105-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ingenix

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2491457225091

Amount of Each Receipt this Period

97.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

405.33

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 94

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

KATHRYN M SULLIVAN

Mailing Address 530 N LAKE SHORE DR # 2309

City

CHICAGO

State

IL

Zip Code

60611-7435

FEC ID number of contributing
federal political committee.

C

Name of Employer
UnitedHealthcareOccupation
Manager

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR2491457525091

Amount of Each Receipt this Period

97.00

P/R Deduction (\$97.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

97.00

TOTAL This Period (last page this line number only)

14664.82

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 94

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A. Full Name (Last, First, Middle Initial)
Kentucky House Democratic Caucus

Mailing Address PO Box 4204

City Frankfort State KY Zip Code 40604

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32377421

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1400.00

B. Full Name (Last, First, Middle Initial)
Riesberg in 50 Committee

Mailing Address P.O. Box 1523

City Greeley State CO Zip Code 80632

Purpose of Disbursement
James Riesberg, STATE HOUSE 50th CO

Candidate Name
CO Rep. James Riesberg

Office Sought: ☒ House
☐ Senate
☐ President

State: CO District: 50

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 32377442

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

350.00

James Riesberg, STATE HOUSE 50th CO

C. Full Name (Last, First, Middle Initial)
Citizens for Spencer Swalm

Mailing Address 6682 E Peakview Place

City Centennial State CO Zip Code 80111

Purpose of Disbursement
Spencer Swalm, STATE HOUSE 37th CO

Candidate Name
CO Rep. Spencer Swalm

Office Sought: ☒ House
☐ Senate
☐ President

State: CO District: 37

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 32387123

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

100.00

Spencer Swalm, STATE HOUSE 37th CO

SUBTOTAL of Disbursements This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 94

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Beezley for House District 33

Mailing Address 2698 Creekside Drive

City Broomfield State CO Zip Code 80023

Purpose of Disbursement
, STATE HOUSE 33

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District: 33

Transaction ID: 32387128

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

100.00

, STATE HOUSE 33

B.

Full Name (Last, First, Middle Initial)

Citizens to Elect Ellen Roberts

Mailing Address P.O. Box 3373

City Burango State CO Zip Code 81302

Purpose of Disbursement
Ellen Roberts, STATE HOUSE 59th CO

Candidate Name
CO Rep. Ellen Roberts

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 59

Transaction ID: 32387131

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

200.00

Ellen Roberts, STATE HOUSE
59th CO

C.

Full Name (Last, First, Middle Initial)

Citizens for Joe Rice

Mailing Address P.O. Box 38

City Littleton State CO Zip Code 80160

Purpose of Disbursement
Joe Rice, STATE HOUSE 38th CO

Candidate Name
CO Rep. Joe Rice

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 38

Transaction ID: 32387135

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

150.00

Joe Rice, STATE HOUSE 38th
CO

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Rankin for Senate

Mailing Address PO Box 3859

City
Basalt

State
CO

Zip Code
81621

Purpose of Disbursement
, STATE SENATE

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32387138

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

200.00

, STATE SENATE

B.

Full Name (Last, First, Middle Initial)

Committee to Elect Keith Swerdfeger

Mailing Address 1223 South Skyline Lane

City
Pueblo West

State
CO

Zip Code
81007

Purpose of Disbursement
, STATE HOUSE 47

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District: 47

Transaction ID: 32387144

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

200.00

, STATE HOUSE 47

C.

Full Name (Last, First, Middle Initial)

Hickenlooper for Colorado

Mailing Address PO Box 1317

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement
, GOVERNOR

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32387151

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

525.00

, GOVERNOR

SUBTOTAL of Disbursements This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 92 / 94

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Hickenlooper for Colorado

Mailing Address PO Box 1317

City State Zip Code
Denver CO 80201

Purpose of Disbursement
, GOVERNOR

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32387167

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

525.00

, GOVERNOR

B.

Full Name (Last, First, Middle Initial)

Committee to Elect Tom Massey

Mailing Address PO Box 160

City State Zip Code
Poncha Springs CO 81242

Purpose of Disbursement
Thomas Massey, STATE HOUSE 60th CO

Candidate Name
CO Rep. Thomas Massey, Jr.

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 60

Transaction ID: 32387172

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

150.00

Thomas Massey, STATE HOUSE
60th CO

C.

Full Name (Last, First, Middle Initial)

Tom Buford for Senate

Mailing Address 409 W Maple Street

City State Zip Code
Nicholasville KY 40356

Purpose of Disbursement
Tom Buford, STATE SENATE 22nd KY

Candidate Name
Senator Tom Buford

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: 32417644

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

500.00

Tom Buford, STATE SENATE
22nd KY

SUBTOTAL of Disbursements This Page (optional)

1175.00

TOTAL This Period (last page this line number only)

4400.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 / 94

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Pharmaceutical Care Management Association PAC

Mailing Address 601 Pennsylvania Avenue, NW
7th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pharmaceutical Care Management Association PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32420265

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Medicaid Health Plans of America PAC

Mailing Address 1140 Connecticut Avenue, NW
Suite 505

City Washington State DC Zip Code 20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Medicaid Health Plans of America PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32420269

Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

The Grassley Committee, Inc.

Mailing Address P.O. Box 6193

City Alexandria State VA Zip Code 22306-0193

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charles E. Grassley

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: 32431824

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 / 94

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Hawkeye PAC, The

Mailing Address PO Box 7255

City
Des MoinesState
IAZip Code
50309

Purpose of Disbursement

Candidate Name

Hawkeye PAC, The

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 32432381

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00

011

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

13000.00